

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO 10632377

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/						51					
2	/						52					
3	/						53					
4	/						54					
5	/						55					
6	/						56					
7	/						57					
8	/						58					
9	X						59					
10	X						60					
11	X						61					
12	/						62					
13	/						63					
14	/						64					
15	/						65					
16	X						66					
17	X						67					
18	/						68					
19	/						69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND	3											
TOTAL DEP	11	↓			↓		↓					
TOTAL CLAIMS	14	↓			↓		↓					